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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600006835

1. Corporation Name

D S & P ASSOCIATES, INC.

Principal Place of Business

Mailing Address

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90233 025 ***150.00



14 WESTVIEW LANE COCOA BEACH FL 32931		14 WESTVIEW LANE COCOA BEACH FL 32931		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
	•				01/18/1996		
2. Principal Pl	face of Business	2a. Mailing Address			4. FEI Number	Aç	plied For
21		26			65-0638908	No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u> </u>		5. Certificate of Status Desired	•	Additional = -
22		27			5. Octation of Calco Position	Fee Re	equired
City & State	e	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	
Zip	25 29 3			·	This corporation owes the current year Inta- Personal Property Tax.	ngible Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered A	gent	
2411	ACD 04404		81	Name			ł
14 V	DER, DAVID L VESTVIEW LANE		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
COCOA BEACH FL 32931			83			- -	7
		يت شوت	84	City	- Fla	85 Zip	Code
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar with, and accept the obligation	f Florida. Such change was auti	horized by	the corporation	oration submits this statement for the purpose of c in's board of directors. I hereby accept the appoint	hanging its tment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Age	nt signature required	when reinstating) DATE		 }
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		PRESIDENS /	Change	- Addition
NAME (SAUDER, DAVID L		1.2 NAME		SAUDER, DAVIOL.		
STREET ADDRESS	44 147707 187041 1 4415		1.3 STREE	TADDRESS	IH WESTYIEW LANE		}
CITY-ST-ZIP	COCOA BEACH FL 32931		1.4 CITY-S		COCUA BRACH FL 329	3/	
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NAME			Z.I IIILE			Change	☐ Addition
STREET ADDRESS		,	2.1 TITLE				Addition
}		ا منا مناسبه	2.2 NAME	TADDRESS .	مرسورة والمادات		Addition
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	2.2 NAME]	- · · · · · · · · · · · · · · · · · · ·		Addition
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TITLE			2.2 NAME 2.3 STREE 2.4 CITY-5 3.1 TITLE 3.2 NAME]		Change	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee employered to execute this leport as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR